



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/936,295 Confirmation No. 2451
Applicant (s) : Carl Robert Towns, et al.
Filed : February 12, 2002
TC/A.U. : 1711
Examiner : Patricia Hampton Hightower
Title : POLYMERS, THEIR PREPARATION AND USES

Docket No. : 62792
Customer No. : 00109

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL WITH
SUFFICIENT POSTAGE IN AN ENVELOPE ADDRESSED TO:
COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-
1450, ON:

January 15, 2004

DATE OF DEPOSIT

Joslyn M. Damore

PRINT OR TYPE NAME OF PERSON SIGNING CERTIFICATE

Joslyn M. Damore
SIGNATURE OF PERSON SIGNING CERTIFICATE
January 15, 2004
DATE OF SIGNATURE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT AND RESPONSE

This is in response to the Office Action mailed July 18, 2003. A petition for a three month extension of time and a fee sheet for additional claims accompany this response. In addition, also included is a Supplemental Information Disclosure Statement and fee sheet.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/936,295 Confirmation No. 2451
Applicant (s) : Carl Robert Towns, et al.
Filed : February 12, 2002
TC/A.U. : 1711
Examiner : Patricia Hampton Hightower
Title : POLYMERS, THEIR PREPARATION AND USES

Docket No. : 62792
Customer No. : 00109

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment requiring an additional fee in the above-identified application.

The fee has been estimated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present Extra	(6) Rate	(7) Add'l Fee
Total Claims	*72	Minus	** 117	0	\$18	\$0
Independent Claims	*13	Minus	***6	7	\$86	\$602
First Presentation of Multiple Dependent Claims					\$290	\$0

Total additional fee for this amendment \$602

*If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

**If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

Please charge the above fee to our Account No. 04-1512. If this estimate is incorrect, please charge or credit our account accordingly. Three copies of this sheet are enclosed.

Respectfully submitted,

Susan Moeller Zerull
Registration No. 38,367
Phone: (989) 636-8858

Dated: January 15, 2004
jmd